24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (S

Schedule E)					PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				С	C00530766
Check if 24-hour report x 48-hour report	New repo	ort Amends repo	ort filed on	M = M /	D = D / Y = Y = Y
Full Name of Payee HWS Headway Work Force Solutions			Date	of Public	c Distribution/Dissemination
Mailing Address				10	01 2016
Mailing Address 421 Fayetteville St #1020			Amo	unt	
City	ate	Zip Code			69857.81
Raleigh N	IC	27601			ID: SE.6465 ursement or Obligation
Purpose of Expenditure Payroll estimate for Canvassers 10/1-10/19		Category/ Type 001		M 10	01 2016
Name of Federal Candidate		Support	Office Soug	jht:	House District:
HILLARY RODHAM CLINTON		× Oppose	✗ Presi	_	Senate State:
Calendar Year-To-Date Per Election for Office Sought	,	132684.42	Disburseme 2016	ent For: Other (sp	Primary X General Decify) ▶
Full Name of Payee			Date	of Publi	c Distribution/Dissemination
HWS Headway Work Force Solutions				M M M	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amo		
			Amo	uni	
1 '	ate	Zip Code			69857.81
	IC	27601			D : SE.6467 ursement or Obligation
Purpose of Expenditure Payroll estimate for Canvassers 10/1-10/19		Category/ Type 001		10	01 / 2016
Name of Federal Candidate		Support	Office Sou	ght:	House District:
DEBORAH K ROSS		X Oppose	Pres	dent	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,	172352.39	Disburseme 2016	ent For: Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· •		139715.62
(b) SUBTOTAL of Unitemized Independent Expenditures			· •		
(c) TOTAL Independent Expenditures			•		1 4 1 2
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	r authorized				
Emily Buchanan	[Electroni	cally Filed] Date	9 09	30	2016
Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	EXI ENDI	TOTILO		PAGE 2 OF 2 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼		
WOMEN SPEAK OUT PAC				C C00530766		
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y		
Full Name of Payee HWS Headway Work Force Solutions	S		М			
Mailing Address 421 Fayetteville St #1020			Amount	0 01 2016		
City	State	Zip Code		9375.00		
	NC	27601		Transaction ID : SE.6469 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage estimate for Canvassers 10/1-10/19		Category/ Type 002	M 1			
Name of Federal Candidate		Support	Office Sought:	House District:		
HILLARY RODHAM CLINTON		X Oppose	✗ Presiden			
Calendar Year-To-Date Per Election for Office Sought		142059.42	Disbursement I 2016 Oth	For: Primary x General er (specify) ▶		
Full Name of Payee HWS Headway Work Force Solutions Mailing Address 421 Fayetteville St #1020				للننب لنا ك		
City	State	Zip Code		9375.00		
1 '	NC	27601		ion ID : SE.6471 Disbursement or Obligation		
Purpose of Expenditure Mileage estimate for Canvassers 10/1-10/19		Category/ Type 002	M 1	0 01 2016		
Name of Federal Candidate		Support	Office Sought:	House District:		
DEBORAH K ROSS		x Oppose	Presiden	t Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		181727.39	Disbursement 2016 Oth	For: Primary General er (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures			· [18750.00		
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	41413		
(c) TOTAL Independent Expenditures			· [_	158465.62		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
Emily Buchanan	[Electroni	ically Filed] Date		30 / 2016		
Signature						